

This form is designed to assist the Water/Wastewater public utility with
APPLICATION FOR APPROVAL OF ABANDONMENT OR
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

If you plan to cease doing business within the Commonwealth of Pennsylvania, you are under a duty to request approval from the Commission prior to ceasing business. The attached form may be used to create your application to abandon your certificate of public convenience held for water or wastewater. Any exhibits should be placed at the end of the application. Abandonment applications are subject to a \$350 fee, payable to the “Commonwealth of Pennsylvania”. If filing by hard copy, only one original of each document is required. Mail the filing and application fee to:

Secretary
Pa Public Utility Commission
P.O. Box 3265
Harrisburg PA 17105

To eFile, click on the Filing & Resources link on the Commission’s website at www.puc.pa.gov for instructions.

Questions concerning the abandonment process may be directed to the Bureau of Technical Utility Service at 717-787-5550; please ask to be directed to the Water/Wastewater unit.

Checklist:

- Application and attachments, including your cover letter.
- A check for \$350 made payable to “Commonwealth of Pennsylvania”.
- Original signed and notarized Verification Statement.
- Certificate of Service evidencing Application was served upon appropriate parties.

Revised 9/30/15

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In Re: Application of _____
(name of applicant) for approval of the
abandonment or discontinuance of

Docket No: A-_____
(will be filled-in by the PUC's Secretary Office)

(describe service to be abandoned or
discontinued).

1. Public utility code: _____
2. Name of Company: _____
3. Company Address: Street name & number: _____ Post office box: _____ City: _____ State: _____ Zip Code: _____ Main Telephone Number: _____ Email Address: _____ Website Address: _____ Fax number: _____
4. Point of Contact for this Application: Name: _____ Title: _____ <i>Complete the following if different than above:</i> Street name & number: _____ Post office box: _____ City: _____ State: _____ Zip code: _____ Telephone Number.: _____ Email address: _____ Fax number: _____
5. Attorney (if retained): Name: _____ Street name & number: _____ Post office box: _____ City: _____ State: _____ Zip code: _____ Telephone Number: _____ Email address: _____

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6. Provide a general description of the nature and character of the services rendered by the applicant:

7. Provide a statement of change in service proposed by the applicant for which Commission approval is sought.

8. For partial abandonments/discontinuance, provide a map as an attached exhibit that depicts the existing service area as well as the service area to be abandoned.

9. Provide a written description for the boundaries of the area to be abandoned and quantify the abandonment area in acres.

10. Provide a summary of the revenue derived from the operation of the service sought to be discontinued, together with a statement of the expenses accruing from the maintenance of that service. This information may be furnished in detail and attached to the application.

11. State the reasons why approval of the application is necessary.

12. Provide a detailed explanation of why the company wishes to abandon its certificated service territory.

13. Provide the number of customers served and date last served.

14. What will happen to these customers? Who will serve them?

15. Provide a copy of the agreement between the applicant and the proposed utility that will be accepting service responsibility for the applicant's customers.

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16. Provide a comparison of the utility service rates by class that a typical customer currently pays to the applicant and the rates a customer will pay the proposed utility.

17. As required by 52 Pa Code § 5.14(1), provide a copy of the publication notice from a newspaper(s) of general circulation serving the geographical territory affected by the application.

18. As required by 52 Pa Code § 5.14(2), provide a copy of the notice to the customers of the Applicant's plan to abandon service.

Application must be served on the statutory agencies and attested via a certificate of service.

Verification

I, _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief), and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

Date

Signature

Instructions: You must serve a copy of the Application and any amendments upon the Office of Consumer Advocate, Office of Small Business Advocate, and the Bureau of Investigation and Enforcement.

Certificate of Service

I hereby certify that I have on this date _____(month/day/year), served a true copy of the foregoing document(s) upon the participants, listed below, in accordance with the requirements of §1.54 (relating to service by a participant).

Signature _____

Name (printed) _____

Title (printed) _____

Office of Consumer Advocate

555 Walnut Street
5th Floor Forum Place
Harrisburg, PA 17101-1923

Office of Small Business Advocate

Commerce Building, Suite 1102
300 North Second Street
Harrisburg, PA 17101

Bureau of Investigation and Enforcement

Pa PUC
PO Box 3265
Harrisburg, PA 17105